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ABSTRACT

This report shares the research findings of a major study on drug education in Scotland commissioned by the Scottish Office Education and Industry Department (SOEID) and carried out by the Scottish Council for Research in Education (SCRE) between September 1996 and June 1999. The project had three main aims: to provide an overview of the extent and nature of drug education in Scottish schools; to explore young people's knowledge, attitudes and behaviors concerning drugs and their drug education; and to highlight the factors influencing the effectiveness of drug education. Over the duration of the project, the researchers found that most schools claimed to provide drug education, and that this provision varied across the pupil year groups. The main framework for Scottish school-based drug education is an evolution of the "life-skills" approach. Data are included on pupils and tobacco and alcohol, pupils and illegal drug use, characteristics of pupils who misuse illegal drugs, pupils' reasons for using drugs, and pupils' attitudes to illegal drugs. The report also contains findings related to pupils' views on their drug education, factors influencing the effectiveness of drug education, and points for consideration concerning drug education in Scotland. The report highlights the theme of school-based education and how it can play an important role in influencing young people's drug behaviors and attitudes. (GC)

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Interchange 61

Providing Drug Education to Meet Young People's Needs

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Providing drug education to meet young people's needs

Kevin Lowden and Janet Powney (The Scottish Council for Research in Education)

Introduction

Over recent years, illegal drug use in Scotland and the wider UK has been seen as a serious problem and has been a priority area for government action. There have been a number of initiatives and policy documents over the last decade including *Drugs in Scotland: Meeting the Challenge, Report of the Ministerial Drugs Task Force (1994)*; the creation of the Scotland Against Drugs agency in March 1996 and *Tackling Drugs in Scotland: Action in Partnership (1999).* In recent years, HM Inspectors of Schools have produced reports on health and drug education which offer guidance to schools and indicate that, while much is being done in drug education, there is still much more that could be achieved. In November 1999, new draft *Guidelines for the Management of Drug Incidents* were issued, which aim to support schools in developing policies and procedures concerning drug incidents. These guidelines have been formulated by the School Drug Safety Team, which comprises representatives from health, education and the police. The team will be going on to address wider issues in school-based drug education, particularly promoting good practice.

In 1996, when surveys in Scotland and England were reporting increases in young people's use of illegal drugs, The Scottish Office Education and Industry Department (SOEID) commissioned the Scottish Council for Research in Education (SCRE) to conduct a major study on drug education in Scotland. The research was carried out between September 1996 and June 1999. The Department was particularly interested in the nature of current drug education, and what influenced its effectiveness. The findings are reported in summary form in this *Interchange*.

Aims of the study

The project had three main aims. These were to:

- provide an overview of the extent and nature of drug education in Scottish schools
- explore young people's knowledge, attitudes and behaviours concerning drugs and their drug education
- highlight the factors influencing the effectiveness of drug education.

Methodology

There were two main data collection phases, conducted in 1997 and 1999 which each entailed:

- a census of primary and secondary schools (284 primary and 318 secondary schools were covered in 1999)
- a pupil survey of a representative sample of P6, S1, S3 and S5 year groups (approximately 4,400 in all). One thousand one hundred and nineteen remained to complete the second phase of the study.

In addition to the main quantitative components, the project also included:

- interviews and focus groups in two primary and four secondary schools to provide insights into the views of teachers and pupils
- an on-going review of the literature on drug education approaches and their effectiveness.

In our analysis we needed to look at changes in variables relating to the nature and scope of school drug education over the duration of the project, and at general shifts in pupils' attitudes, knowledge and behaviours. We also had to examine differences in tracked individuals to help us identify factors which might relate to the effectiveness of their drug education.

The quantitative analysis involved descriptive statistics and regression analysis. The qualitative information gathered from the case studies was analysed thematically, using the main aims and research questions as a basic framework. This analysis was flexible to allow unforeseen, yet relevant, themes to emerge.

Definitions and criteria for effective drug education

The study covered substances such as alcohol, tobacco and a wide range of materials, including illegal drugs and volatile substances, which have associated health-related effects and risks.

Drug education in our study referred to school-based content which is systematically timetabled in the curriculum and targeted at young people. This is designed to impact on pupils' health behaviours and perceptions relating to the use of alcohol, tobacco, inhalants and illegal drugs.

The criteria for effective drug education adopted by our project were that it affected young people's:

- health behaviours (i.e. stopped, or reduced substance misuse and illegal drug use or reduced the risks associated with misuse)
- attitudes to substance misuse (i.e. promoted attitudes which reflected positive health choices)
- drug and substance knowledge (i.e. promoted accurate knowledge about substances and their effects).

The findings

Here we summarise the main findings from our project. We look first at the survey of teachers, focusing on the nature and extent of the drug education provided in their schools. This is followed by a summary of the pupil survey findings. We then report our findings on influences relating to effective drug education and, finally, offer some points for consideration emerging from our research. We have attached a summary of key findings as an annexe (see P12).

Drug education in Scottish schools

Over the duration of the project (1996-99) we found that most schools claimed to provide drug education and that this provision varied across the pupil year groups.

In relation to the extent of drug education in primary schools, we found that:

- the majority of primary schools claimed to provide some form of drug education, mainly for P6 and P7 pupils
- over the duration of the project there was an increase in the percentage of primary schools indicating they provided drug education (83 per cent in 1997 compared with 92 per cent in 1999)
- there was a notable increase in the numbers of teachers reporting that their schools provided drug education for P6 and P7 (P6 – from 45 per cent in 1997 to 78 per cent in 1999, and for P7 – from 73 per cent in 1997 to 91 per cent in 1999).

In secondary schools we found that:

- almost all secondary schools claimed to provide some form of drug education (99 per cent in 1997 and 96 per cent in 1999), with 26 per cent claiming to timetable drug education for all their year groups
- it was mainly the S1–S3 year groups who were taught discrete drug education content (around 80 per cent of schools)
- older pupils were more likely to experience drug education topics as an integrated part of wider personal, social and health education.

The nature of schools' drug education

The main framework for Scottish school-based drug education is an evolution of the 'life-skills' approach. (A similar situation exists in England and Wales, but they have tried other approaches there too). The underlying philosophy of this main approach in Scotland stresses self-esteem and empowerment as central to health promotion. Because, in our survey, we found insufficient variation in the methods used in Scottish schools, it was hard to make meaningful comparisons between approaches in drug education. Teachers were using similar resources, in primary and secondary schools, within a life-skills framework. However, almost all teachers adapted their drug education resources to match their perceptions of

More schools are monitoring pupils' views of their drug education.

What use are schools making of this information?

pupils' needs and abilities. In particular, we found that:

- most primary and secondary schools' drug education was resource driven rather than based on clear theories or approaches
- all schools shared the same overall aim for their drug education – to provide accurate information on drugs to promote pupils' decision-making skills
- most Scottish drug education was based on Drugwise and TACADE resources and heavily customised and complemented with parts of other materials
- the actual content and style of drug education was influenced by teachers' perceptions of pupils' needs and abilities, and also by their attitudes and understanding concerning the aims of drug education. Other factors included awareness and availability of resources and support, local authority policies and staff skills and staff development opportunities
- there has been a marked increase in the number of schools carrying out in-school monitoring and evaluation of their drugs programmes over the duration of the project (for example, pupil surveys). Although we currently have no information on how this feedback is used, the potential for development is clear.

Staff development and support

While most primary and secondary teachers valued drug education training, the majority had not received such training in the last two years (as at June 1999). This may be changing as new initiatives gather pace, for example, the Scotland Against Drugs Primary School Teacher Training Programme. Teachers saw ongoing staff development as necessary to keep pace with drug culture developments and advances in drug education and wanted to know 'what worked' in drug education.

In general, illegal drugs received much attention and raised many concerns.

Does the current emphasis on illegal drugs mean that issues of alcohol and tobacco use are being overlooked in health education?

We also found that schools which possessed formal written policies on drug education were more likely than those without written policies to conduct active evaluation of drug education, and provide training for teachers in this area.

Working with other services

Most teachers valued the input of external agencies to their drug education. These sources provided advice, training and supplementary teaching. The police were by far the most commonly used service to provide input to drug education lessons and training (they were used by 71 per cent of secondary and 68 per cent of primary schools). Local health boards and drug agencies were the next most commonly used sources of support for advice, training and teaching input. However, these were used more by secondary than primary schools. It is worth noting that a number of health promotion departments have a policy not to go into the classroom, but rather to work with teachers to improve their skills.

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Pupils, tobacco, alcohol and illegal drugs

The surveys of pupils conducted in 1997 and again in 1999 revealed the majority did not use illegal drugs. Levels of reported tobacco consumption and, most notably, alcohol intake for S5 pupils could be seen as a cause for concern.

Pupils and tobacco and alcohol

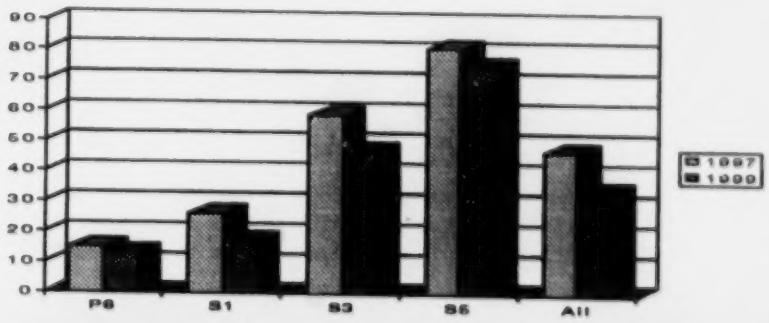
Levels of smoking increase with age. However, between 1997 and 1999 there was little change in the number of pupils smoking tobacco at least once a week. (see Figure 1).

Figure 1: Percentage pupils smoking tobacco at least once per week

Among secondary pupils, more girls than boys claimed to smoke (62 per cent of regular smokers were girls, compared with 38 per cent boys).

Reported alcohol consumption (drinking something alcoholic at least once a week) has decreased over the two years and was high for S5 pupils (81 per cent in 1997 and 75 per cent in 1999). In secondary schools, more girls than boys drank something alcoholic at least once a week (57 per cent of regular 'drinkers' were girls). See Figure 2.

Figure 2: Percentage of pupils claiming to drink something alcoholic at least once per week



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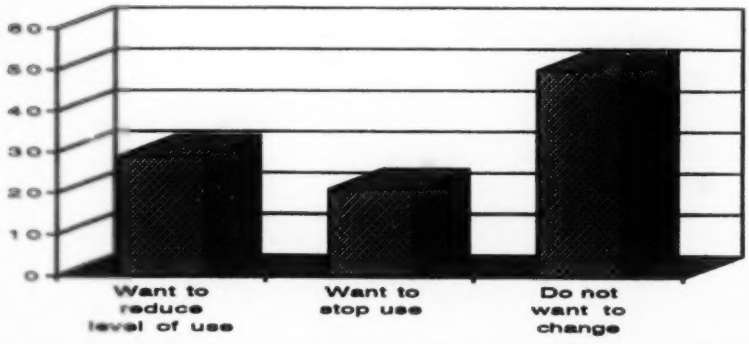
Pupils and illegal drug use

It was clear that most pupils surveyed did not misuse drugs. The majority were against taking illegal drugs with only 23 per cent (260 of 1,119) of secondary pupils surveyed using illegal drugs. This was mainly cannabis – a very small number of school-aged pupils took other illegal drugs. There was no significant change in patterns of drug misuse across the two years of the surveys (similar findings emerge from Todd *et al*, 1999). Regular use of illegal drugs was minimal in year groups younger than S3. However, 12 per cent of S3 and 23 per cent of S5 pupils were smoking cannabis regularly (at least once a week to once a month) in 1999. This is a very slight decrease from 1997. In a change from our 1997 survey findings, in 1999 we found that girls were more likely to use cannabis than boys. Fifty-three per cent of cannabis users were female compared with 47 per cent who were male. However, boys were more likely to misuse 'harder' drugs and were more accepting of illegal drugs.

A very small minority, around 2 per cent to 3 per cent of pupils in S3 and S5, used other illegal drugs such as amphetamines, amyl-nitrite and LSD at least once a week to once a month. No pupils reported injecting drugs. Fifty per cent of pupils who reported illegal drug use (mainly cannabis) said they did not want to alter their behaviour. However, 29 per cent of those using illegal drugs wanted to reduce the amount drugs they took and 21 per cent wanted to stop altogether. See Figure 3.

Figure 3: Percentage of secondary pupils who misuse illegal drugs and who want to alter their drug intake



Pupils reporting misuse of illegal drugs share similar characteristics and are usually disaffected with school.

How can the needs of these pupils be identified and met?

Characteristics of pupils who misuse illegal drugs

In comparison with those pupils who did not take illegal drugs, those pupils who claimed to use cannabis and other illegal drugs on a frequent basis (between more than once a week to more than once a month) were typically:

- more likely to drink and smoke
- more likely to have friends who drink, smoke and take illegal drugs
- more likely to find it difficult to refuse illegal drugs if offered them
- more likely to feel they are not respected by teachers but are respected

by their close friends (who share similar characteristics and views)
- more negative towards school in general
- more negative towards school-based drug education
- more likely to be depressed by school
- more likely to be anxious about school work and performance (especially girls)
- more willing to skip school if they get the chance
- less likely to feel a part of their school
- more likely not to get on well with parents
- less likely to participate in sports at school.

Pupils' reasons for using drugs

In both the 1997 and 1999 surveys, the majority of those using illegal drugs did so because it felt good. Their responses indicated that they did not have low self-esteem. Most pupils, including those who misused drugs, claimed they were not pressurised to take drugs and could resist attempts by others to make them take drugs. In contrast with older pupils, those in P6 were more concerned about peer pressure. Thirteen per cent of S3 and 15 per cent of S5 also found it hard to refuse drugs. Most drugs were acquired from close friends rather than class-mates, and used outdoors (51 per cent), at a friend's house (50 per cent) and at parties (46 per cent).

Pupils' attitudes to illegal drugs

Most pupils surveyed were against taking illegal drugs but older pupils (S3 and S5) displayed more tolerant attitudes towards using cannabis. Users of cannabis did not see themselves as 'drug misusers'. Substantial numbers of older pupils believed cannabis should be legalised: S3 – 45 per cent in 1997 and 41 per cent in 1999, and S5 – 55 per cent in 1997 and 51 per cent in 1999. Discussions with older pupils revealed that they saw taking cannabis as part of enhancing social and recreational experiences. They perceived its use as similar to the way they see adults using alcohol. Most pupils were strongly against the use of what they termed 'hard' drugs such as heroin and cocaine.

Pupils' views on their drug education

The 1997 and 1999 pupil surveys consistently indicated that most pupils valued the drug education they received. Pupils in S3 and S5 and those using illegal drugs were the most critical of their drug education – these groups were more likely to be bored and frustrated by it. Frequent criticisms included its not telling them anything new and often being repetitive. They also felt that it did not reflect their perceived needs. They felt that drug education should:
- be discussion based
- be delivered by a mix of credible presenters, including teachers and visitors
- give the facts on drugs
- help pupils to make their own decisions about drugs.

Most pupils who report illegal drug misuse (mainly cannabis use) do not seem to have low self-esteem.

How can we use self-esteem when addressing drug misuse?

Those pupils who smoke cannabis think it is similar to using tobacco or alcohol and do not see it as 'a drug'.

What implications does this have for drug education content and approaches?

Older pupils and those misusing drugs are more likely to claim their drug education is boring and irrelevant.

How can teach-ers be supported in providing a spiral curriculum in drug educa-tion?

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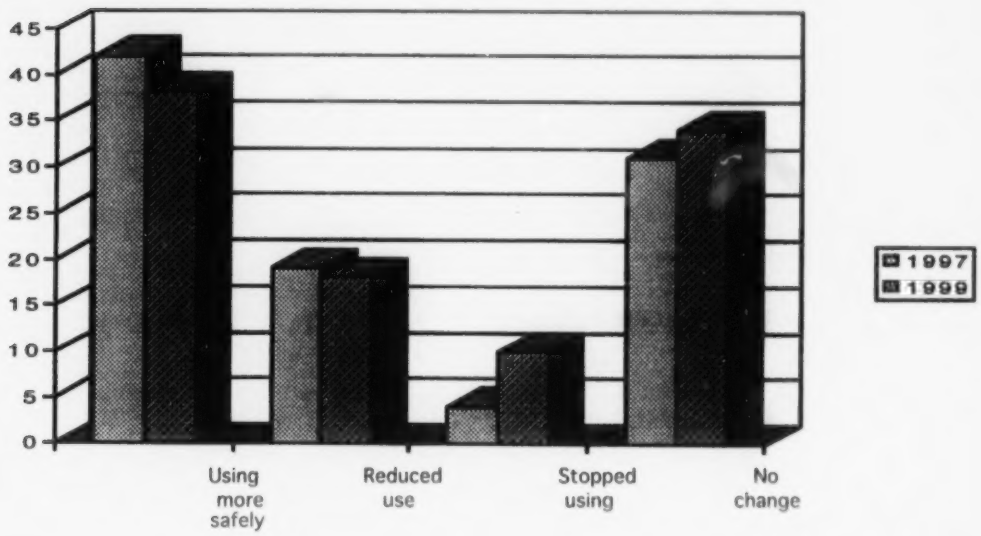
Despite criticisms, around 66 per cent of pupils who claimed to use illegal drugs reported their drug education had had a positive impact on their drug misuse. Thirty-eight per cent of them claimed their drug education had helped them to reduce the risks associated with misuse, and 18 per cent said that it had helped to them to reduce the amount of drugs they used. Ten per cent maintained it had helped them stop altogether, but 34 per cent indicated that it had had no effect on their drug misuse. See Figure 4.

Figure 4: Impact of school drug education on illegal drug users' reported use (percentages)



Factors influencing the effectiveness of drug education

Analysis of pupils tracked over the duration of the study revealed that an association existed between participative teaching methods (for example, role-play and group discussion) and a reduction in pupils' reported alcohol consumption. Interestingly, it also became clear in this study that aspects of positive self-esteem were associated with a pro-drug attitude and a greater use of cigarettes, cannabis and other illegal drugs and, for S1–S3 only, greater alcohol intake.

We found that schools with greater free-school-meal entitlement were associated with more pro-drug attitudes among surveyed pupils. Other features of schools' drug education, associated structures, and teacher training did not appear to

impact on pupils' behaviours, attitudes or knowledge. However, given the broad focus of this study, it was not possible to identify all in-school and external factors.

This finding corresponds with the general view portrayed in the drug education literature (Howie, 1997; Tobler and Stratton, 1997). Most effective drug education approaches adopt methods of learning and teaching which involve pupils' active participation, use a range of strategies geared to the context and needs of the target group, and work with others in the wider community.

Methods of learning and teaching which involve pupils' active participation are likely to be effective in influencing their health behaviours.

What aspects of such methods are influential and how can these be applied in schools?

Drug education in Scotland: points for consideration

Our research on drug education raises further points for debate and discussion, for example that:

- teachers can often feel uncomfortable about providing drug education to children younger than P7 or P6
- many feel they have a lack of knowledge and experience in the area of illegal drugs and underestimate their abilities to provide drug education
- the anxieties teachers express about lack of knowledge may conceal stress about the ambiguity of the teacher's role and legal position
- differences in values espoused by particular schools, and in pupils' own cultures, and in their families, can become especially apparent in drug education and other aspects of health education
- there is scope for more extensive assessment of pupils' needs in planning drug education and more regular monitoring of drug education provision
- the complex links between young people's self-esteem and self-image should be reflected in drug education approaches: for example, it should not be assumed that all those using illegal drugs have low self-esteem
- while external support in providing drug education is welcomed by teachers, it might perpetuate teachers' own reluctance and perceived vulnerability in taking the lead in drug education. It might also pose problems in ensuring external support complements each school's own philosophy and curriculum
- it seems, given the degree of reported alcohol and tobacco use among young people in this study, that more work is needed to explore the underlying factors and measures which could be taken to change levels of use.

Conclusions

From our project certain findings and themes emerge which relate to promoting effective drug education in schools. Teachers are experiencing difficulty in developing and providing drug education programmes which suit the needs of all pupils. Effective drug education depends upon teachers' confidence, their knowledge about drugs and drug misuse, and awareness and skills concerning effective drug education approaches. A strong theme emerging from our research is

that school-based education can play an important role in influencing young people's drug behaviours and attitudes. However, the complex issues involved mean that realistic expectations of outcomes from programmes are necessary.

Policy-makers and practitioners need to recognise the limitations of school-based drug education. Within these limitations schools can provide programmes which:

- build on established guidelines about what is already known about effective drug education (particularly, teaching methods) in schools
- have the support of school management
- involve trained teachers.

The limitations can be countered by working closely with appropriate and relevant services and organisations in the community, and raising pupil awareness about local sources of information and support.

We feel that particular teaching methods, especially participative methods, have the potential to affect substance misuse behaviours. This finding is important given that the majority of those pupils using illegal drugs, while critical of their drug education, believe that it has been beneficial to them. In particular, it has helped to reduce the risks associated with drug use and the amounts of substance used. The more effective the methods used, the greater the chance of altering young people's attitudes towards substance misuse.

Previous research and literature on effective drug education has established general guidelines which can promote effectiveness. This information is beginning to inform policy and practice and provides a basis to build on. Our research has shown some aspects of drug education are successful and we need to monitor and improve drug education in order to ensure safer health behaviour in young people in years to come.

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Appendix 1

Summary of key findings

Pupils' attitudes and behaviours concerning substance misuse

- Most secondary pupils have been offered illegal drugs
- Most pupils are against using illegal drugs
- The majority of primary 6 and secondary pupils do not use illegal drugs
- The levels of drinking alcohol among the S5 pupils surveyed are a cause for concern
- 23 per cent of secondary pupils reported illegal drug misuse. Most regular misuse (between more than once a week to once a month) of illegal drugs comprises of cannabis smoking among older pupils (S3 – 12 per cent and S5 – 23 per cent).

Pupils' views on their drug education

- Most pupils value their drug education, however, older pupils and those reporting drug misuse are usually more critical. Frequent criticisms of drug education are that it is repetitive year to year and does not tell older pupils anything new.
- While those pupils misusing illegal drugs are usually critical of their drug education, most claim it has had a positive impact on their misuse (66 per cent of those misusing drugs). In particular, they report it has helped them reduce the risks associated with misuse.

The extent and nature of school-based drug education

- Specific drug education in primary schools is mainly taught to P7 and, to a lesser extent, P6 pupils. Secondary schools report that S1, S2 and S3 year groups are usually taught specific drug education content through PSE
- In the period 1997-99, the most notable shift in provision of drug education has been the increase of drug education provided for P6 and P7 pupils
- Most primary and secondary schools' drug education is resource driven (*Drugwise, TACADE* and in-house materials) rather than based on clear theories or approaches. However, an increasing number of authorities are developing guidelines to inform drug education policies and practice
- The principle aims of schools' drug education are the related goals of providing information and promoting pupils' decision-making skills.

The effectiveness of school-based drug education

- Participative/interactive teaching methods (including group discussions, role-play) show promise in influencing pupils' health behaviours
- School-based drug education has the potential to influence health behaviours but realistic expectations of what can be achieved are necessary.

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